## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

<u>8-13-201</u> 0	Address:	1200Blk Jennison St
14F40225		Crawfordsville Indiana
<u>Montgomery</u>		· <u> </u>
aboratory Scizure (check one)  onal Lab  al/Glassware/Lauinment (only)	Residence	check all that apply)  Hotel/Motel  Open – No Structure
te (only)	☐ Vehicle	Other:
nd: Location (bedroom, kitchen, open ai nat apply)  /Ammonia Reaction(s):  osphorous/Iodine Reaction(s):  ble Solvents:  deactive Metal (Lithium):  ous Ammonia:  nloric Acid Gas Generator(s):  /e Base:  tem and Iocation): tank w/ mod valve	<u>r., etc)</u>	
r age 18 discovered (check one) (number present)  port to Child Protective Services is to be faxed to the following agen	Ephedring Retail/Me Other:	
nent: <u>765-362-1277</u> ortment: <u>765-364-6440</u> ction Service: <u>765-362</u> -5 <u>600</u> Information regarding this methamphe		
	Montgomery  boratory Scizure (check one)  chal Lab  al/Glassware/Equipment (only)  te (only)  Ad: Location (bedroom, kitchen, open aid  at apply)  Ammonia Reaction(s):  cosphorous/Iodine Rea	Montgomery    Montgomery   Montgomery   Montgomery   Montgomery   Montgomery   Montgomery   Montgomery   Montgomery   Montgomery   Montgomery   Montgomer   Montgo

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.